

JC10 dPCT/PTO 21 JUL 2005
No. 9501-0007
PATENT

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By: _____

Anne Currier Carr
Anne Currier Carr

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of

MITSUO NISHIKAWA

Examiner: Unassigned

Application No.: 10/512,109 ✓

Art Unit: Unassigned

Filed: October 19, 2004

Confirmation No.: 4547

For: POLYPEPTIDE HAVING AN ACTIVITY TO SUPPORT PROLIFERATION
OR SURVIVAL OF HEMATOPOIETIC STEM CELL OR HEMATOPOIETIC
PROGENITOR CELL, AND DNA CODING FOR THE SAME

COMMUNICATION UNDER 37 C.F.R. 1.78(a)(5)(iv)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

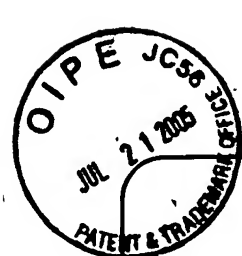
In accordance with 37 C.F.R. §1.78(a)(5)(iv), Applicant hereby submits a Verification of Translation and true English translation of U.S. Provisional Application No. 60/379,001, filed April 26, 2002. It is respectfully requested that this Verification of Translation and the attached translation be made of record in the above-identified application.

Dated: 7/12/05
ROBINS & PASTERNAK LLP
1731 Embarcadero Road, Suite 230
Palo Alto, CA 94303
Tel: (650) 493-3400
Fax: (650) 493-3440

Respectfully submitted,

By: _____

Roberta L. Robins
Roberta L. Robins
Reg. No. 33,208



PTO/SB/21 (09-04)

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

173

Application Number

10/512,109

Filing Date

October 19, 2004

First Named Inventor

Mitsuo Nishikawa

Art Unit

Unassigned

Examiner Name

Unassigned

Attorney Docket Number

5501-0007

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form (duplicate)	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached (\$250 check)	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Req (duplicate)	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Communication Under 1.78(a)(5) (1 page)
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	COPY Verification of Translation (1 page)
Statement (2 pages)		COPY translation of 60/376,001 (155 pages)
PTO/SB/08A & B Lists (2 pages)		COPY of signed Declaration (3 pages)
Copies of All References (pages not counted)	<input type="checkbox"/> Landscape Table on CD	COPY Notification Missing Reqs (2 pages)
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 18-1648.	Return Receipt Postcard (1 page)
<input checked="" type="checkbox"/> Reply to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

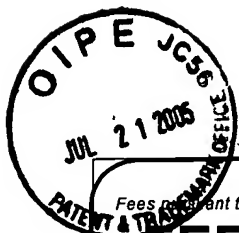
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Robins & Pasternak LLP		
Signature			
Printed name	Roberta L. Robins		
Date	7/12/05	Reg. No.	33,208

CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name	Anne Currier Carr	Date	7/12/05



Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$250)

Complete if Known

Application Number	10/512,109
Filing Date	October 19, 2004
First Named Inventor	Mitsuo Nishikawa
Examiner Name	Unassigned
Art Unit	Unassigned
Attorney Docket No.	5501-0007

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 18-1648 Deposit Account Name: Robins & Pasternak LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES Small Entity		SEARCH FEES Small Entity		EXAMINATION FEES Small Entity		Fees Paid (\$)
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity	
	Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
_____	-20 or HP = _____ x _____	= _____		_____	_____	_____

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
_____	-3 or HP = _____ x _____	= _____	

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 = _____ / 50 = _____ (round up to a whole number) x _____			

4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other: Surcharge for late oath or declaration	130
Extension of time for one month	120

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 33,208	Telephone (650) 493-3400
Name (Print/Type)	Roberta L. Robins		Date 7/12/05



VERIFICATION OF TRANSLATION

I, Yoshiyuki KAWAGUCHI, a citizen of Japan,

of c/o SERA, TOYAMA, MATSUKURA & KAWAGUCHI, Yokoyama Bldg., 6th Floor, 4-10, Higashi Nihonbashi 3-chome, Chuo-ku, Tokyo, 103-0004 Japan

hereby declare as follows:

1. I am a translator and am familiar with the English and Japanese languages.
2. I am the translator of the documents attached hereto and certify that the following is a true English translation of U.S. Patent Application No. 60/376,001 filed on April 26, 2002 to the best of my knowledge and belief.

Dated this 13th day of August, 2002

Signature of translator
KAWAGUCHI, Yoshiyuki, Ph.D.
Patent Attorney